

ATLANTA MARRIOTT MARQUIS HOTEL

RESERVATION FORM

CDC 2001 CANCER CONFERENCE, USING SCIENCE TO BUILD COMPREHENSIVE CANCER PROGRAMS: A 2001 ODYSSEY

ATTENTION: RESERVATIONS

265 PEACHTREE CENTER AVENUE, ATLANTA, GA 30303

(800) 228-9290 OR (770) 858-1813; FAX (404) 586-6247

SEPTEMBER 4-7, 2001

IMPORTANT: Hotel reservation cutoff date for this conference is August 10, 2001.

Reservations received after the cutoff will be subject to availability and may be at a significantly higher rate.

If the event rate or room type is not available, the nearest available rate or room type will be assigned.

All reservations must be guaranteed by credit card, check, or money order in the amount of one night's room rate and taxes.

Make checks or money orders payable to the Atlanta Marriott Marquis Hotel.

Deposits will be refunded only if cancellation notification is received within 72 hours prior to arrival. Please retain your cancellation number.

Hotel check-in begins at 4:00 pm; check-out is to be completed by 12:00 pm.

Name: _____

Affiliation: _____

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

☐ Special Needs: _____

Arrival Date/Time: _____ Departure Date/Time: _____

Room Type:	<input type="checkbox"/> Single @ \$93 plus 14% tax	<input type="checkbox"/> Double @ \$113 plus 14% tax	<input type="checkbox"/> King
	<input type="checkbox"/> Triple @ \$133 plus 14% tax	<input type="checkbox"/> Quad @ \$153 plus 14% tax	<input type="checkbox"/> 2 Double Beds
	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non-Smoking	

Confirm my reservation with:

☐ Check/Cashiers Check (enclosed) ☐ Credit Card (we accept only the following cards; check one):

☐ MasterCard ☐ VISA ☐ American Express ☐ Diners Club ☐ Discover

Name as it appears on Credit Card _____

Card #: _____ Exp. Date: _____

Signature: _____

The Atlanta Marriott Marquis Hotel is an ADA-certified facility.

MAIL OR FAX THIS FORM TO THE ATLANTA MARRIOTT MARQUIS HOTEL

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